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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
3rd MP Group (CID), Camp Bucca, Iraq, APO, APO AE 09375

04 Aug 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0022-2008-CID579-53599 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 03 APR 2008, 1109 - 03 APR 2008, 1139; COMBAT SUPPORT HOSPITAL (CSH),
AL KUT, APO, AE 09331

DATE/TIME REPORTED: 03 APR 2008, 1300

INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)
SA
SA
SA

SUBJECT:

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. KARIM, ALA SHNAYWIR (DECEASED); (FCIV); (DOB); (POB); MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; FC ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an "Operation Iraqi Freedom" investigation.

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b(2), b(6), b(7)(C)

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On 3 Apr 08, SA (b)(6),(b)(7)(C) was notified by MAJ (b)(6),(b)(7)(C) 42nd Military Police (MP) Bridge, Camp Bucca, APO AE 09375, that Detainee KARIM died at the Combat Support Hospital (CSH), Al Kut, APO AE 09331.

Investigation determined Detainee KARIM was transported to the Theater Internment Facility (TIF) Hospital after he was found vomiting outside his tent in Compound 33B. After being evaluated at the TIF hospital, it was determined Detainee KARIM was suffering from a brain aneurism. Detainee KARIM was evacuated to Balad, but his condition worsened en route and the flight was diverted to Al Kut. Detainee KARIM was pronounced deceased at 1239, 3 Apr 08, by LTC (b)(6),(b)(7)(C) 948th Forward Surgical Team, Al Kut.

An autopsy by the Armed Forces Medical Examiner's Office determined the cause of death to be hemorrhage of the right cerebellum and the manner of death to be natural causes. The results of this investigation are consistent with that opinion.

STATUTES:

None.

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 7 Apr 08.
2. Trauma Record of Detainee KARIM, 3 Apr 08.
3. AIR of SA (b)(6),(b)(7)(C) 9 Apr 08.
4. Autopsy Photographs of Detainee KARIM. (USACRC, USACIDC, and file copies only)
5. AIR of SA (b)(6),(b)(7)(C) 26 Jul 08.
6. Final Autopsy Report of Detainee KARIM, 15 Jul 08.

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7. Report of Toxicological Examination of Detainee KARIM, 24 Apr 08.

8. Certificate of Death of Detainee KARIM, 9 Apr 08.

Not Attached:

None.

The originals of Exhibits 1, 3 and 5 are attached to the USACRC copy of this report. The original of Exhibit 2 is retained in the files of the 948th Forward Surgical Team, Camp Delta, APO AE 09331. The originals of Exhibits 6 thru 8 are retained in the files of the Armed Forces Institute of Pathology, Rockville, MD.

STATUS: This is a final report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation may be subject to a Quality Assurance review by CID higher headquarters.

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Report Prepared By:

Report Approved By:

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Special Agent

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

CDR, 3D MP GROUP (CID)(OPERATIONS)

11th MP BN (CID)(OPERATIONS)

CDR, TF-Bucca, Camp Bucca, APO AE 09375

COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

MNC-I- CJI CASUALTY OPS, ATTN: OIC

115TH COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR,
IRAQ, APO AE 09375

DIR AFIP AFME WASH, DC

STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

CAMP BUCCA CID OFFICE, 68th MP DET (CID), APO AE 09375

FILE

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b(6), b(7)(C)

Exhibit(s) 2

Page(s) 000007 thru 000010 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROI 27506

22

TRAUMA RECORD

0022 08 CID579 53599

C co. 26 BSB Aid Station, IRAQ

LAST NAME

FIRST NAME

MI

SSN:

DATE: Apr 13
TIME OF ARRIVAL:

RANK:

DOB: 26

Gender:

☒ Male ☐ Female

UNIT:

EDW

ARRIVAL METHOD

☐ WALKED

☐ CARRIED

☐ GROUND AMBULANCE

☐ GROUND NON STD

☐ OTHER()

☒ AIR MEDEVAC

☐ AIR NON STD

NATION:

☒ Enemy

☐ Coalition()

☐ Host Nation

☐ Other ()

SERVICE:

☐ Civilian

☐ Contractor

☐ USA

☒ USAF

☐ USN

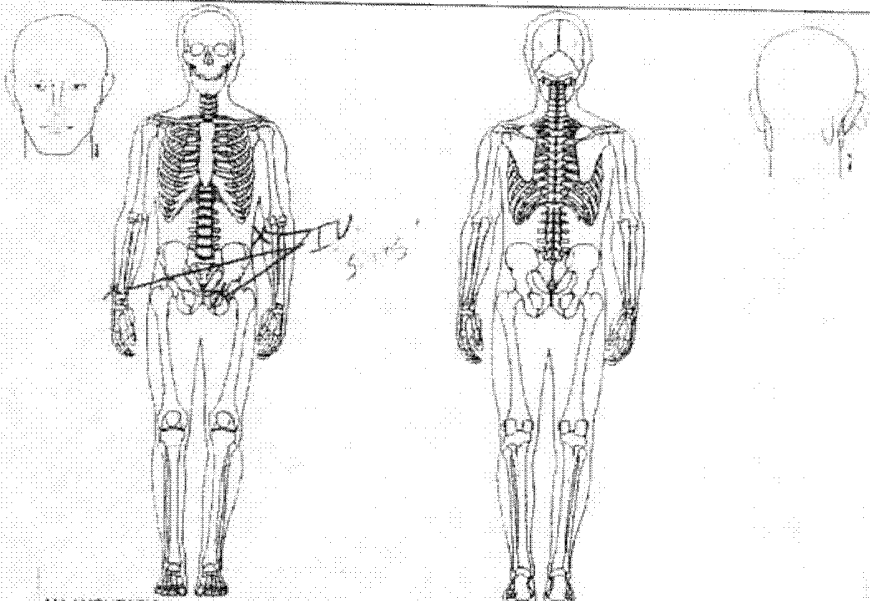
☐ USMC

☒ Other

CIRCUMSTANCES OF INJURY:

acute basilar artery aneurysm

WOUND DESCRIPTION:



AM AMPUTATION
AV AVULSION
P PUNCTURE

BL BLEEDING
B BURN
X FRACTURE

D DEFORMITY
F FOREIGN BODY
S STAB WND

H HEMATOMA
L LACERATION
G GUNSH WND

ABX

OXYGEN 250 Liters/min.

EXT Fix /Splint Extremity

OTHER TREATMENTS:

GLASCOW COMA SCALE (circle one)
3 8 12 15

UNC STUPOR LETHARGY ALERT

EVACUATION CATEGORY:
(CIRCLE ONE)
☐ URGENT
☐ URGENT SURGICAL
☐ PRIORITY
☐ ROUTINE

TIME

BP

RESP

HR

SPO2

ADDITIONAL COMMENTS/PROCEDURES:

Pl. Pl. Low inhibitor At 24 1850

@ 1230 Pl died during efforts

ACLU DDICID ROI 27507

ADDITIONAL SF 500 ATTACHED

PROVIDER:

RELEASE TIME:

ACLU-RDI 5579 p.6

SF Version 1 Date 3 May 07

000007

EXHIBIT

DRAFT

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)

0022 08 CID 579 53599

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) Karim, Ala Shmaywir		GRADE Grade	BRANCH OF SERVICE Armée	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 31 Dec 71	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Religion	
Caucasian Caucasique	SINGLE Célibataire		PROTESTANT Protestant	
MEXICAN Mexicain	MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	SEPARATED Séparé		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le mort		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				8-9 hrs
ANTECEDENT CAUSES Symptômes précurseurs de la mort	LETHAL INCREASED INTRACRANIAL PRESSURE CEREBRAL ANEURYSM			(b)(6)
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Circonstances de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort susceptibles par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
ACCIDENT Mort accidentelle				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature		DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année) 1230 03 April 2005		PLACE OF DEATH Lieu de décès TRUANT BAY 945TH APT		
I HAVE VERIFIED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je certifie que le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou grade		
(b)(6)		(b)(6)		
GRADE Grade O-5	INSTALLATION OR ADDRESS Installation ou adresse QUART PCT			
DATE Date 03 April 2005	SIGNATURE Signature (b)(6)			

ACLU DDII CID ROI 27508

DD FORM 2064, APR 1977

REPLACES DA FORM 1395, 1 JAN 1972 AND DA FORM 1395-REPLAS, 28 SEP 1975, WHICH ARE OBSOLETE.

EXHIBIT 2

000008

LAW ENFORCEMENT SENSITIVE



DEPARTMENT OF THE ARMY
948TH FORWARD SURGICAL TEAM
CAMP DELTA
APO AE 09331

0022 08 C10579 53599

Pls sent thoroughly reviewed

Med. ex. diverted here = posterior thigh

at 1 d O₂ sat & displaced/bled. (2)
Our lens 264.0. Possible Hook in transport
appears that it was 905.3 in transport.

On initial exam

9CS \rightarrow 3 ⊕ Bleeding from ⊕ pain cath
Pupils bilat. fixed & dilated
Remainder of exam - xl, no injuries

4/4 ToF (performed by anesthesia)

interventions:

Fluid bolus for 1st BP

OK to confirm position of ET 7 left + right
pneumo.

Bleeding controlled for (L) grain
Confined growth of other lines

Re-exam \rightarrow same findings - Pupils F&D \bar{c}
9CS-3

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Ken's after discussion among team \rightarrow experts

Ex postmortem:

Pt placed on O₂, off ventilator
ET Tube in place.

5 mg IV morphine for pain

Pt expired 1230

(b)(6)

FOUO

ACLU DDII CID ROI 27510

LAW ENFORCEMENT SENSITIVE

000010

EXHIBIT 2

Exhibit(s) 6 thru 8

Page(s) 000074 thru 000082 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROI 27575



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850

(b)(6)



FINAL AUTOPSY REPORT

Name: **BTB Karim, Ala Shnaywir**
SSAN: TMEP 12408
Date of Birth: 31 DEC 1982
Date of Death: 03 APR 2008
Date/Time of Autopsy: 09 APR 2008 @ 0900
Date of Report: 15 JUL 2008

Autopsy No.: ME (b)(6)
AFIP No.: (b)(6)
Grade: Civilian, Detainee
Place of Death: Iraq
Place of Autopsy: Dover Mortuary
Dover AFB, DE

Circumstances of Death: This 25 year-old detainee was being detained in Theater Internment Facility (TIF) Camp Bucca, when as reported, he was observed to be vomiting outside of his tent. When questioned, he complained of being dizzy and vomiting blood. He was brought to the TIF hospital where he was listed in serious condition with a possible aneurysm. He was urgently MEDEVAC'd to the combat support hospital in Balad. While in the air, his condition worsened and the aircraft was diverted to Al Kut. All resuscitative measures were unsuccessful.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification via review of all accompanying paperwork. Post-mortem fingerprints taken and dental exam performed. Suitable specimen for DNA analysis obtained.

CAUSE OF DEATH: Hemorrhage of the right cerebellum

MANNER OF DEATH: Natural

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ACLU-BDH-CIB-RDI-27576

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is 69 ½ inches in length, weighs 215 pounds, and appears compatible with the stated age of 25 years old. The body is cold. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. The head and neck are suffused. Rigor is resolving to an equal degree in all extremities. There is marbling of the skin of both shoulders.

The scalp hair is black. On the back of the head is a 1-inch linear scar. Facial hair consists of a beard. The irides are indistinct. The corneae are cloudy. The conjunctivae are pale with no petechiae. The sclerae are white. The oral cavity, external nares, and external auditory canals are free of foreign material or abnormal secretions. There are no petechiae of the oral mucosa.

The chest is symmetric. The genitalia are those of a circumcised adult male. The anus is atraumatic.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. On the lateral right thigh is a 2 x 1-inch scar. A 2 x ¼-inch scar is on the left knee. On the right knee is a 1 x ½-inch healing abrasion.

CLOTHING AND PERSONAL EFFECTS

The body is clad in socks. Accompanying the body are three syringes, two bottles of vecuronium, and a bottle of midazolam (submitted to toxicology).

MEDICAL INTERVENTION

An endotracheal tube is in the oral cavity and trachea. On the anterior torso are multiple EKG lead pads. A catheter is in the urethra and attached to a catch bag that contains 700 milliliters of yellow urine. Intravenous catheters are in the left groin, right wrist, and left antecubital fossa. There are multiple needle puncture marks of both clavicles, right antecubital fossa, and left wrist. There is gauze around the left wrist.

RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and reveal no evidence of trauma.

EVIDENCE OF INJURY

There is no evidence of significant external or internal recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 100 milliliters of serosanguineous fluid in both chest cavities. No adhesions are present in any of the body cavities. The organs occupy their usual anatomic positions.

HEAD (CENTRAL NERVOUS SYSTEM) and NECK:

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. There is no epidural or subdural hemorrhage. There is focal subarachnoid hemorrhage of the right cerebellum. The brain weighs 1270 grams and is examined after

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000075
EXHIBIT 6

fixation. The cerebral hemispheres are symmetrical and the structures at the base of the brain are intact. The gyri and sulci are unremarkable. The surface of the right cerebellum is soft. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum reveal a 3.0 x 3.0 x 3.0 centimeter area of hemorrhagic, soft, and friable tissue of the right cerebellum and scattered punctuate hemorrhages of the pons.

The anterior strap muscles of the neck are homogenous and red-brown (by layer-wise dissection). There is hemorrhage around the puncture sites superior to the clavicles. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. The thyroid is symmetric and dark brown, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spinal column fractures.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 700 and 700 grams, respectively. The pulmonary parenchyma red-purple exuding moderate amounts of blood. The pulmonary arteries are normally developed and patent without thrombus or embolus.

CARDIOVASCULAR SYSTEM:

The heart weighs 380 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. There is tunneling of the proximal left anterior descending coronary artery (0.5 centimeters below the epicardium for 2.0 centimeters). The coronary arteries are widely patent. The myocardium is homogenous. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.8, 0.8, and 0.2 centimeters, respectively. The right ventricle is dilated. The aorta and its major branches arise normally and follow the usual course and are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

LIVER & BILIARY SYSTEM:

The 2000 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with the usual lobular architecture with no focal lesions noted. The gallbladder contains 5 milliliters of dark-green bile. There is cholesterosis of the gall bladder mucosa. The extrahepatic biliary tree is patent.

SPLEEN:

The 350 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

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FINAL AUTOPSY REPORT: ME (b)(6)
BTB Karim, Ala Shnaywir

4

PANCREAS:

The pancreas is red-tan with a lobulated appearance. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with mild autolytic changes. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 170 and 160 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are tan-red and the cortex is delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains scant urine. The prostate and testes are unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach, small bowel, colon, and appendix are unremarkable. The stomach contains 20 milliliters of brown fluid.

MUSCULOSKELETAL:

Muscle development is normal. No bone or joint abnormalities are identified.

MICROSCOPIC EXAMINATION

Cerebellum (Slides 1 and 2): Parenchyma hemorrhage with dilated and tortuous blood vessels. Extensive loss of Purkinje cells and cells of the granular layer. Focal subarachnoid hemorrhage.

Pons (Slide 3): Scattered, hyper-eosinophilic neurons.

ADDITIONAL PROCEDURES

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, liver, myocardium, lung, kidney, spleen, psoas muscle, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body. The brain is retained for further examination.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released with the body.
5. Recovered evidence: None.
6. Skin incisions of the posterior torso, buttocks and extremities reveal no evidence of trauma.
7. Documentary photographs are taken by (b)(6) (OAFME). Assisting with the autopsy is (b)(6) (OAFME).

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FINAL AUTOPSY DIAGNOSES

- I. **Hemorrhage of the right cerebellum:**
 - A. Parenchyma hemorrhage of the right cerebellum with extensive loss of Purkinje cells
 - B. Focal subarachnoid hemorrhage of the right cerebellum
 - C. Punctate hemorrhages of the pons (consistent with herniation)
- II. **Additional natural disease:**
 - A. Tunneling of the proximal left anterior descending coronary artery
 - B. Cholesterolosis
- III. **Evidence of medical intervention:** As describe above
- IV. **Identifying marks:** As described above
- V. **Post-mortem changes:** As described above
- VI. **Toxicology (AFIP):**
 - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 4%¹
 - C. CYANIDE: No cyanide detected in the blood
 - D. DRUGS: The following drugs were detected
 - 1. Lidocaine (urine)
 - 2. Promethazine (urine; none detected in the blood)
 - 3. Pseudoephedrine (urine; none detected in the blood)
 - 4. Midazolam (urine; none detected in the blood)
 - 5. Acetaminophen (urine)
 - 6. Vecuronium (0.73 mg/L in the blood) and its metabolite 3-Desacetylvecuronium (blood)

OPINION

This 25 year-old detainee, Ala Shnaywir Karim, died of a hemorrhage of the right cerebellum. The toxicology was positive for medications used in resuscitation (lidocaine, midazolam, and vecuronium), anti-nausea medication (promethazine) and over-the-counter medications (pseudoephedrine and acetaminophen). The manner of death is Natural.

(b)(6)

(b)(6)

Medical Examiner

¹ Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers.

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DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)(6)

Name

BTB KARIM, ALA SHNAYWIR

SSAN:

Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: April 24, 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 4/3/2008

Date Received: 4/14/2008

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 4% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Lidocaine: Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

*This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the
FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT - (b)(6) BTB KARIM ALA SHNAYWIR):

Positive Phenothiazine: Promethazine was detected in the urine by gas chromatography/mass spectrometry. No promethazine was detected in the blood at a limit of quantitation of 0.05 mg/L using gas chromatography/mass spectrometry.

Positive Sympathomimetic amine: Pseudoephedrine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. No pseudoephedrine was detected in the blood at a limit of quantitation of 0.05 mg/L using gas chromatography/mass spectrometry.

Positive Benzodiazepine: Midazolam was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. No midazolam was detected in the blood at a limit of quantitation of 0.025 mg/L using gas chromatography/mass spectrometry.

Positive Acetaminophen: Acetaminophen was detected in the urine by color test and confirmed by immunoassay.

Positive Vecuronium: Vecuronium was detected in the blood by liquid chromatography/mass spectrometry. The blood contained 0.73 mg/L of vecuronium as quantitated by liquid chromatography/mass spectrometry.


Positive Vecuronium metabolite: 3-Desacetylvecuronium was detected in the blood by liquid chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

ACLU DDII CID ROI 27582

ARMED FORCES INSTITUTE OF PATHOLOGY - TOXICOLOGY REQUEST FORM

TO: ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	FORWARD FINAL RE	Dover AFB Port Mortuary  Incident : OIF Remains/Case # (b)(6) Recovery/TC #: Process Date: 09 Apr 08 ME #: (b)(6)
--	-------------------------	---

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
Karim, Ala Shanyur	326152	25	M	

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
03 April 08		

MEDICATION HISTORY (Prescribed or administered, in patient's possession, containers found near body, etc.)

NUMBER	ANATOMICAL MOUNTAIN	SPECIMEN/AMOUNT	EXAMINER
1	Vitreous Fluid	gastric	9. spleen
2	Blood	lung	10. kidney
3	bile	myocardium	11. adipose tissue
4	Urine	liver	12.

DFT#

(b)(6)

INCIDENT/ ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy, or investigation, etc.)

* Detainee
 * Suspected cerebral aneurysm
 * two bottles of vecuronium and one bottle of midazolam in body

one syringe labeled midazolam 5mg/ml
 one syringe labeled vecuronium 1mg/ml

placed in red bag

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE #
(b)(6)	(b)(6)	9 Apr 08	714-0000

CHAIN OF CUSTODY (CO)

RELEASED BY	SIGNATURE	RECEIVED BY	SIGNATURE	DATE/TIME	LOCATION
(b)(6)		(b)(6)		APR 14 2008 @ 1411	Received From Courier
(b)(6)		(b)(6)		APR 14 2008 @ 1411	TOXICOLOGY TESTING SECURED STORAGE
(b)(6)		(b)(6)			
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(b)(6)		(b)(6)			
(b)(6)		(b)(6)			
(b)(6)		(b)(6)			

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)									
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Karim, Ala, Shnaywir			GRADE Grade _____		BRANCH OF SERVICE Armée Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social TMEP 12408		
ORGANIZATION Organisation 002-20-8CID579			NATION (e.g. United States) Pays _____		DATE OF BIRTH Date de naissance 31 December 1982		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique <input type="checkbox"/> NEGROID Nègre <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		MARITAL STATUS État Civil <input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuf			RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> JEWISH Juif			<input checked="" type="checkbox"/> Islam <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent _____				RELATIONSHIP TO DECEASED Parenté du décédé avec le sus _____					
STREET ADDRESS Domicile à (Rue) _____				CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris) _____					
MEDICAL STATEMENT Déclaration médicale									
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) Hemorrhage of the right cerebellum						INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès _____			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort _____				Hemorrhage of the right cerebellum					
ANTECEDENT CAUSES Symptômes précurseurs de la mort		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		_____			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				_____					
MODE OF DEATH Condition de décès <input checked="" type="checkbox"/> NATURAL Mort naturelle <input type="checkbox"/> ACCIDENT Mort accidentelle <input type="checkbox"/> SUICIDE Suicide <input type="checkbox"/> HOMICIDE Homicide		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie _____			CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures _____				
NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		SIGNATURE Signature (b)(6)			DATE Date 9 April 2008				
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) 3 April 2008		PLACE OF DEATH Lieu de décès Iraq							
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.									
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)				TITLE OR DEGREE Titre ou diplôme Medical Examiner					
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE							
DATE Date 7/17/2008		SIGNATURE Signature (b)(6)							

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DD FORM 1 APR 77 **2064**

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

EXHIBIT 8